

# INSTRUCTIONS FOR COMPLETION OF FORM CG-2692B

## REPORT OF REQUIRED CHEMICAL DRUG AND ALCOHOL TESTING FOLLOWING A SERIOUS MARINE INCIDENT

**NOTE:** When this form is being submitted along with a REPORT OF MARINE ACCIDENT, INJURY OR DEATH (Form CG-2692), Blocks 3-10 and Blocks 12-14 on Form CG-2692B need not be completed.

### WHEN TO USE THIS FORM

1. This form satisfies the requirements in the Code of Federal Regulations for written reports of chemical drug and alcohol testing of individuals directly involved in serious marine incidents. Public vessels and recreational vessels are excepted from these reporting requirements.

### SERIOUS MARINE INCIDENTS

2. The term "serious marine incident" includes the following events involving a vessel in commercial service:

A. Any marine casualty or accident that occurs upon the navigable waters of the U.S., its territories or possessions, or that involves a U.S. vessel anywhere, and that results in any of the following:

1. One or more deaths;
2. Any injury to a crewmember, passenger, or other person which requires professional medical treatment beyond first aid;
3. Damage to property, as defined in 46 CFR 4.05-1(f), in excess of \$100,000;
4. Actual or constructive total loss of any vessel subject to inspection under 46 U.S.C. 3301; or
5. Actual or constructive total loss of any self-propelled vessel, not subject to inspection under 46 U.S.C. 3301, of 100 gross tons or more.

B. A discharge of oil of 10,000 gallons or more into the navigable waters of the United States, as defined in 33 U.S.C. 1321, whether or not resulting from a marine casualty.

C. A discharge of a reportable quantity of a hazardous substance into the navigable waters of the United States, whether or not resulting from a marine casualty.

D. A release of a reportable quantity of a hazardous substance into the environment of the United States, whether or not resulting from a marine casualty.

### INDIVIDUAL DIRECTLY INVOLVED IN A SERIOUS MARINE INCIDENT

3. Term "individual directly involved in a serious marine incident" is an individual whose order, action or failure to act is determined to be, or cannot be ruled out as, a causative factor in the events leading to or causing a serious marine incident.

### COMPLETION OF THIS FORM

4. This form should be filled out as completely and accurately as possible. Please type or print clearly. Fill in all blanks that apply to the kind of incident that has occurred. If a question is not applicable, the abbreviation "NA" should be entered in that space. If an answer is unknown and cannot be obtained, the abbreviation "UNK" should be entered in that space. If "NONE" is the correct response, then enter it in that space.

5. When this form has been completed, deliver or mail it as soon as practicable to the Coast Guard Marine Safety or Marine Inspection Office nearest to the location of the incident or, if at sea, nearest to the port of first arrival.

6. Upon receipt of a report of chemical test results, the marine employer shall submit a copy of the test results for each person listed in block 15(a) of this form to the Coast Guard Office in Charge, Marine Inspection whom the CG-2692B was submitted. (Ref. 46 CFR 4.06-60(d)).

7. Amplifying information for completing the form:

A. Block 11—"TYPE OF SERIOUS MARINE INCIDENT" Check each appropriate box. If box a, b, c, d, or e is checked, append this form to the required form CG-2692, "REPORT OF MARINE ACCIDENT, INJURY OR DEATH", and submit both forms as indicated in 5. above.

B. Block 16c—"ALCOHOL TEST BREATH SPECIMEN PROVIDED?" When breath test results are available alcohol concentration shall be expressed numerically in percent by weight (i.e., .04, .10 etc...).

C. Block 22—"REMARKS" Describe the duties of each individual listed in 15a, at the time of incident (i.e., master, pilot, chief engineer...). If an individual refuses to provide the required specimens, or if specimens are not obtained for any reason, describe the circumstances completely.

**NOTICE:** The information collected on this form is routinely available for public inspection. It is needed by the Coast Guard to carry out its responsibility to investigate marine casualties, to identify hazardous conditions or situations and to conduct statistical analysis. The information is used to determine whether new or revised safety initiatives are necessary for the protection of life or property in the marine environment.

22. REMARKS (Continued)

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-2692B (1-91)	<b>REPORT OF REQUIRED CHEMICAL DRUG AND ALCOHOL TESTING FOLLOWING A SERIOUS MARINE INCIDENT</b>  <i>(See Instructions on reverse)</i>	APPROVED OMB NO. 2115-0003 (EXPIRATION 6-83) .5 Burden Hrs.  USCG CASE NUMBER																																					
<b>SECTION I—VESSEL INFORMATION</b>																																							
1. Name of vessel	2. Official Number	3. Call Sign	4. Nationality																																				
5. Vessel Type (Freight, Towing, Fishing, MODU, etc.)	6. Length	7. Gross Tons	8. Year Built																																				
9. Operating Company  Name:  Address:  Telephone Number:	10. Master or Person in Charge  Name:  Address:  Telephone Number:																																						
<b>SECTION II—INCIDENT INFORMATION</b>																																							
11. Type of Serious Marine Incident (Check Appropriate Box(es). (See Instructions on Reverse)  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> a. Death (Append to Form CG-2692)         </div> <div style="width: 50%;"> <input type="checkbox"/> e. Loss of uninspected, self-propelled vessel of over 100 gross tons (Append to Form CG-2692)         </div> <div style="width: 50%;"> <input type="checkbox"/> b. Injury requiring medical treatment (Append to Form CG-2692)         </div> <div style="width: 50%;"> <input type="checkbox"/> f. Discharge of oil of 10,000 gallons or more into U.S. waters         </div> <div style="width: 50%;"> <input type="checkbox"/> c. Property damage in excess of \$100,000 (Append to Form CG-2692)         </div> <div style="width: 50%;"> <input type="checkbox"/> g. Discharge of a reportable quantity of hazardous substance into U.S. waters         </div> <div style="width: 50%;"> <input type="checkbox"/> d. Loss of inspected vessel (Append to Form CG-2692)         </div> <div style="width: 50%;"> <input type="checkbox"/> h. Release of a reportable quantity of hazardous substance into U.S. environment         </div> </div>																																							
12. Date of Incident	13. Time (local) of Incident	14. Location of Incident (Latitude and Longitude or River and Milepost)																																					
<b>SECTION III—PERSONNEL / TESTING INFORMATION</b>																																							
15. Personnel Directly Involved In Serious Marine Incident			16. Drug and Alcohol Testing (See Instructions on reverse)																																				
15a. Name (Last, First, Middle Initial)	15b. Licensing/Certification (Check Appropriate Box(es))  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">USCG License</th> <th style="width: 33%;">USCG MMD</th> <th style="width: 33%;">NEITHER</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		USCG License	USCG MMD	NEITHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">16a. Drug Test Urine Specimen Provided?</th> <th style="width: 33%;">16b. Alcohol Test Blood Specimen Provided?</th> <th style="width: 33%;">16c. Alcohol Test Breath Specimen Provided?</th> </tr> <tr> <td>YES NO</td> <td>YES NO</td> <td>YES NO</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>	16a. Drug Test Urine Specimen Provided?	16b. Alcohol Test Blood Specimen Provided?	16c. Alcohol Test Breath Specimen Provided?	YES NO	YES NO	YES NO	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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17. Laboratory Conducting Chemical Drug Tests  Name:  Address:  Telephone Number:		18. Laboratory Conducting Blood Alcohol Test(s) or Individual Conducting Breath Test(s)  Name:  Address:  Telephone Number:																																					
19. Person Making This Report (Please Print)	20. Signature		21. Date																																				
Name:  Address:  Telephone Number:		Title:																																					
22. Remarks (See Instructions on Reverse)																																							